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CONFIRMATION NO. 2194

SERIAL NUMBER 10/688,493	FILING DATE 10/17/2003 RULE	CLASS 702	GROUP ART UNIT 2857	ATTORNEY DOCKET NO. 20-LC-1974/624226-382
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** CONTINUING DATA *****

This application is a CON of 09/629,597 07/31/2000 PAT 6,651,034
 which claims benefit of 60/162,296 10/28/1999
 and claims benefit of 60/161,965 10/28/1999

MCB

** FOREIGN APPLICATIONS *****

MCB

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/05/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Allowance Examiner's Signature <i>Mary Catherine Brown</i> MCB Initials	PA	17	36	3

ADDRESS

29391

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390 NORTH ORANGE AVENUE

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ORLANDO, FL

32801

TITLE

Apparatus and method for performance and fault data analysis

<p>FILING FEE RECEIVED 1058</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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